	CLAIMS ONLY						Application Number 10/635050				Filing Date	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1							51							
2							52							
3							53							
4							54							
5							55							
6							56							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	6		2		2		Total Indep							
Total Depend	19		8		8		Total Depend							
Total Claims	25		10		10		Total Claims							